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PTO/SB/21 (08-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

2165

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	09/334,978
		Filing Date	June 17, 1999
		First Named Inventor	Webber, et al.
		Group Art Unit	2165
		Examiner Name	N. Pass
Total Number of Pages in This Submission		Attorney Docket Number	CIS1365-012C

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

RECEIVED  
AUG 06 2002

GROUP 3600

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Carol G. Stovsky
Signature	<i>Carol G. Stovsky</i>
Date	July 8, 2002

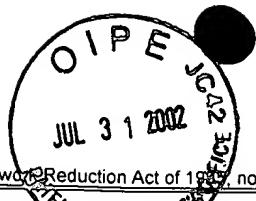
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**FEE TRANSMITTAL  
for FY 2000**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

*Complete if Known*

Application Number	09/334,978	<b>RECEIVED</b>
Filing Date	June 17, 1999	AUG 06 2002
First Named Inventor	Webber, et al.	GROUP 3600
Examiner Name	N. Pass	
Group Art Unit	2165	
Attorney Docket No.	CIS1365-012C	

**METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	19-4076
Deposit Account Name	Standley & Gilcrest LLP
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	

2.  Payment Enclosed:

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
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**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	390	218	195
117	890	217	445
118	1390	218	695
128	1890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1510	138	1510
140	110	240	55
141	1240	241	620
142	1240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900

Other fee (specify): Terminal Disclaimer

110.00

• Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00)

**SUBMITTED BY**

*Complete (if applicable)*

Name (Print/Type)	Carol G. Stovsky	Registration No. (Attorney/Agent)	42,171	Telephone	614-792-5555	
Signature					Date	July 8, 2002

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